



**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3034 email: licensing@hempsteadny.gov

**DOG TRANSFER OF OWNERSHIP**

Deceased dogs must be reported before or on receipt of renewal application

- Deceased Dog  Lost or Stolen  Lost ID tag  Change of address / owner

**OLD OWNER**

Old License #

Old Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of Old Owner:** \_\_\_\_\_  
 Date: \_\_\_\_\_

**NEW OWNER**

License #

Old Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of New Owner:** \_\_\_\_\_  
 Date: \_\_\_\_\_

Rev. 6/22

**Please do not mail cash**



**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3034 email: licensing@hempsteadny.gov

**DOG TRANSFER OF OWNERSHIP**

Deceased dogs must be reported before or on receipt of renewal application

- Deceased Dog  Lost or Stolen  Lost ID tag  Change of address / owner

**OLD OWNER**

Old License #

Old Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of Old Owner:** \_\_\_\_\_  
 Date: \_\_\_\_\_

**NEW OWNER**

License #

New Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of New Owner:** \_\_\_\_\_  
 Date: \_\_\_\_\_

Rev. 6/22

**Please do not mail cash**